APPLICATION FOR VOLUNTEER WORK

Lincoln Parks and Recreation

| (Last) | (First) | (Middle) | | | |
|--|--|---|--|--|--|
| ADDRESS | | ZIP | | | |
| PHONE (DAY) | (EVENING) | | | | |
| BIRTH DATE | SOCIAL SECURITY NUMBER | | | | |
| ARE YOU VOLUNTEERING FOR (If yes, please complete this portion | | _NO | | | |
| PROGRAM | | | | | |
| | | | | | |
| DATE(S): FROM | TO | | | | |
| | | TOTAL HOURS SERVICE | | | |
| TIME(S): FROM | TO(if kn | own) | | | |
| | | | | | |
| WEEKDAYS | WEE | KENDS | | | |
| | | KENDSEVENING | | | |
| | | | | | |
| MORNING | AFTERNOON | | | | |
| MORNING AGE GROUP PREFERRED: PRE-SCHOOL | AFTERNOON GRADE SCHOOL | EVENING | | | |
| MORNING AGE GROUP PREFERRED: PRE-SCHOOL | AFTERNOONGRADE SCHOOLSENIOR CITIZENS | EVENINGTEENS | | | |
| MORNING AGE GROUP PREFERRED: PRE-SCHOOL ADULTS TYPE OF DUTIES PREFERRED: | AFTERNOON GRADE SCHOOL SENIOR CITIZENS | EVENINGTEENS | | | |
| MORNING AGE GROUP PREFERRED: PRE-SCHOOL ADULTS TYPE OF DUTIES PREFERRED: ARTS OR CRAFTS | AFTERNOONGRADE SCHOOLSENIOR CITIZENSATHLETICS | EVENINGTEENSANY | | | |
| MORNING AGE GROUP PREFERRED: PRE-SCHOOL ADULTS TYPE OF DUTIES PREFERRED: ARTS OR CRAFTS | AFTERNOONGRADE SCHOOLSENIOR CITIZENSATHLETICS | EVENINGTEENSANYCENTER SUPERVISOR | | | |
| MORNING AGE GROUP PREFERRED: PRE-SCHOOL ADULTS TYPE OF DUTIES PREFERRED: ARTS OR CRAFTS DRAMA OR MUSIC | AFTERNOONGRADE SCHOOLSENIOR CITIZENSATHLETICSAQUATICSOTHER E INVOLVE DRIVING? YES | EVENINGTEENSANYCENTER SUPERVISOR | | | |
| MORNING AGE GROUP PREFERRED: PRE-SCHOOL ADULTS TYPE OF DUTIES PREFERRED: ARTS OR CRAFTS DRAMA OR MUSIC CUSTODIAL WILL VOLUNTEER EXPERIENC (If yes or not sure please complete | AFTERNOONGRADE SCHOOLSENIOR CITIZENSATHLETICSAQUATICSOTHER E INVOLVE DRIVING? YES ethis portion.) | EVENINGTEENSANY CENTER SUPERVISORPLAYGROUND SUPERVISOR | | | |
| MORNING AGE GROUP PREFERRED: PRE-SCHOOL ADULTS TYPE OF DUTIES PREFERRED: ARTS OR CRAFTS DRAMA OR MUSIC CUSTODIAL WILL VOLUNTEER EXPERIENC (If yes or not sure please complete DRIVER'S LICENSE NUMBER | AFTERNOONGRADE SCHOOLSENIOR CITIZENSATHLETICSAQUATICSOTHER E INVOLVE DRIVING? YES at this portion.) | EVENINGTEENSANYCENTER SUPERVISORPLAYGROUND SUPERVISORNO | | | |

| ARE YOU VOLUNTEERII (If yes, please complete the | | FIC REASON? YES | | _NO | |
|---|---|------------------------|---------------------|-------------------|--|
| DESIRE Please Explain | | | | | - |
| CLASS REQUIREMENT | CLASS TITLE | | | | - |
| | SCHOOL/UNIVER | RSITY | | | - |
| | INSTRUCTOR | | PHONE | | - |
| OTHER Please Explain | | | | | - |
| TOTAL VOLUNTEER HO | URS DESIRED/NE | EDED | | | - |
| NUMBER HOURS DESIR | ED | /DAY | /WEEK | /MONTH | |
| WERE YOU REFERRED | TO PARKS AND R | ECREATION? YES | | _NO | - |
| IF YES, BY WHOM? | | | | | - |
| take on the responsibility | olication and completed of adhering to my | y work schedule and un | derstand that any u | unauthorized abse | tion of a volunteer, I hereby nce will result in my being ication or for dismissal after |
| SIGNATURE | | | | _DATE | _ |

WAIVER AND RELEASE OF ALL CLAIMS FOR CITY OF LINCOLN VOLUNTEERS

Please read this form carefully and be aware that in volunteering you will be waiving and releasing all claims for injuries you might sustain arising out of this participation.

As a volunteer in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of participating in this program against the City of Lincoln and their officials, officers, agents, volunteers and employees.

I do hereby fully release and discharge the City of Lincoln, their officials, officers, agents, volunteers and employees from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of participation in this program.

I have read and understand the above Waiver and Release of All Claims.

| Date | Name | Address | Signature |
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